

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Murphy Vogel Askew Reilly LLC			Date of Public Distribution/Dissemination 09 / 16 / 2016		
Mailing Address 1199 N Fairfax St Ste 220			Amount 15000.00		
City State Zip Code Alexandria VA 22314-1437		Transaction ID : VN7GDA3E148 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 			
Name of Federal Candidate Justin Fareed			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 154137.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination 09 / 15 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 13651.19		
City State Zip Code Philadelphia PA 19103-1454		Transaction ID : VN7GDA3E130 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 			
Name of Federal Candidate Claudia Tenney			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 575339.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28651.19		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Alixandria Lapp</i>			Date 09 / 16 / 2016 [Electronically Filed]		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Strategy Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2016		
Mailing Address 730 North Franklin Street Suite 404			Amount 31020.40		
City Chicago	State IL	Zip Code 60654	Transaction ID : VN7GDA39ZE1		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kim Myers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought		575339.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016		
Mailing Address 3050 K St NW Ste 100			Amount 139137.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA3DWY2		
Purpose of Expenditure Television Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Justin Fareed		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought		154137.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	170157.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	198808.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alixandria Lapp

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2016

Signature